

## UNITED STATES DISTRICT COURT

Southern

District of

Indiana

CMG WORLDWIDE, INC., an Indiana Corporation and MARILYN MONROE, LLC, a Delaware Limited Liability Company

V.

BRADFORD LICENSING ASSOCIATES,  
THE SHAW FAMILY ARCHIVES, LTD., a New York Corporation, and JAMES E. DOUGHERTY

## SUMMONS IN A CIVIL ACTION

CASE NUMBER:

1:05-cv-0423-DFH-WTL

TO: (Name and address of Defendant)

Shaw Family Archives, Ltd.  
c/o David Marcus, Esq.  
199 Main Street, Suite 101M  
White Plains, New York 10601

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

Jonathan G. Polak  
Dann Pecar Newman & Kleiman  
One American Square, Suite 2300, Box 82008  
Indianapolis, IN 46282

an answer to the complaint which is served on you with this summons, within 23 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

MAR 23 2005

CLERK

CLERK

DATE

(B) DEPUTY CLERK

AO 440 (Rev. 10/93) Summons in a Civil Action

(By) DEPUTY CLERK

AO 440 (Rev. 10/93) Summons in a Civil Action

**RETURN OF SERVICE**

Service of the Summons and complaint was made by me <sup>(1)</sup>	DATE March 31, 2005
NAME OF SERVER (PRINT) Jonathan G. Polak	TITLE Attorney

*Check one box below to indicate appropriate method of service*

Served personally upon the defendant. Place where \_\_\_\_\_  
\_\_\_\_\_

Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint \_\_\_\_\_

Returned \_\_\_\_\_  
\_\_\_\_\_

X Other Served on Defendant via Certified Mail, Return Receipt Requested. Receipt was signed and returned on March 28, 2005.  
\_\_\_\_\_

**STATEMENT OF SERVICE FEES**

TRAVEL	SERVICES	TOTAL
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**DECLARATION OF SERVER**

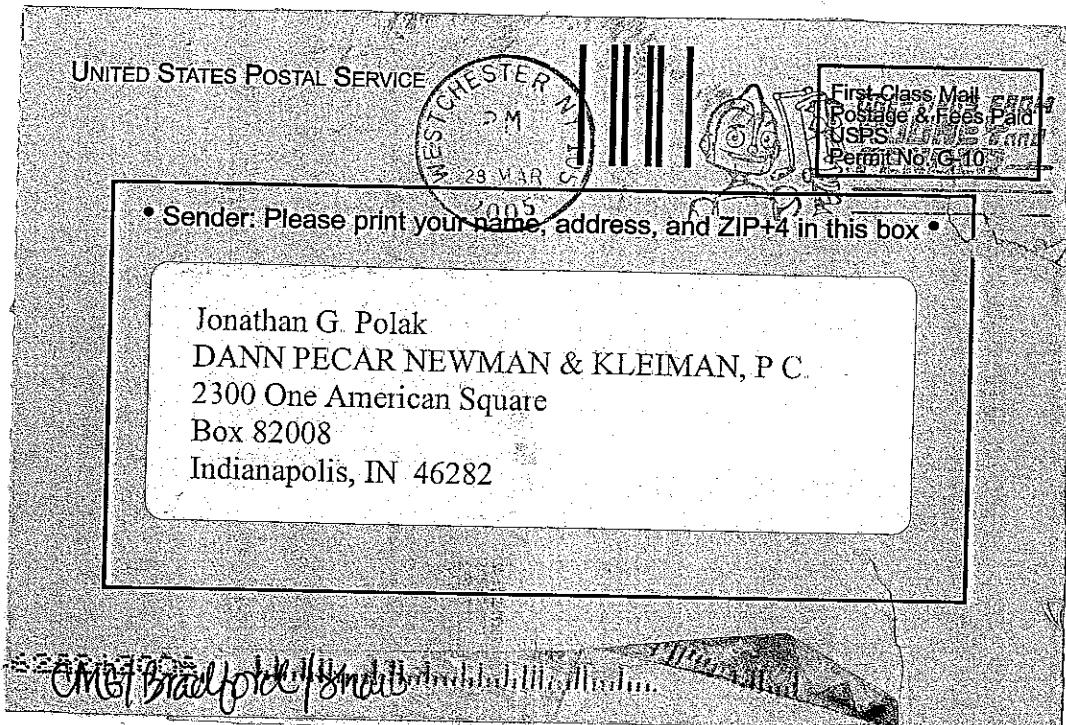
I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed March 31, 2005  
Date

*Signature of Server*

DANN PECAR NEWMAN & KLEIMAN, P.C.  
2300 One American Square, Box 82008  
Indianapolis, IN 46282

*Address of Server*



<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</li> <li><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, <u>ne front if space permits.</u></li> </ul>		<p>A. Signature </p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery <input type="checkbox"/> 3/24</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>Shaw Family Archives, Ltd c/o David Marcus, Esq 199 Main Street, Suite 101M White Plains, New York 10601</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7004 2510 0001 4713 7585</p>	
<p>PS Form 38 August 2001</p>		<p>Domestic Return Receipt</p>	
		<p>102595-02-M-1540</p>	